10-25-04

2645/8

Method of Transmission: **EV379096068US** 

In reference to application of **Igor Neyman et al.** 

Serial No. <u>08/928,861</u>

OCT L.

CASE DOCKET NO. P3251

A)

(1) Remaining After Remaining After Amendment (3) Present Paid Previously Paid Previously Present Extra *** Rate Small Entity Rate Large Entity Feet Entity Ent	For <u>Call Cente</u>	r Apparatus and Fu	ınctionality	y in Telephony	EMP			
Applicant claims small entity status.		rewith is and an ame	endment in	the above-identi	fied applicat	tion, under 37	C.F.R. 1.312.	
(1) Claims Remaining After Amendment (3) Highest No. Paid Previously Present Extra *** Remaining After Amendment (3) Highest No. Paid Previously Entity Rate Large Entity Feet	Applicant c	laims small entity sta		ow.				
(1) Claims Remaining After Amendment (3) Highest No. Paid Previously Previou			***	CLAIMS AS AM	ENDED ****			
Independent Claims  3 Minus ** 3 0 \$ .44 \$ .88 \$ .0.0  ☐ First Presentation of a multiple dependent claim  ☐ Terminal Disclaimer Fees  Extension Fee ☐ 1st Month ☐ 2nd Month ☐ 3nd Month  Total additional for claims, time extensions and disclaimer fees  * If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.  ** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.  *** If the entry in column 2 is less than the entry in column 4, write "0" in column 5.  ☐ A check in the amount of \$430.00 is attached.  ☐ Charge \$ to deposit account (A duplicate of this sheet is enclosed.)  ☐ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this	(1)	Claims Remaining After	(3)	Highest No. Paid	Present	Rate Small	Rate Large	(8) Additional Fee
Claims  Claims  Solution  First Presentation of a multiple dependent claim  First Presentation of a multiple dependent claim  Terminal Disclaimer Fees  Extension Fee  1st Month  2nd Month  3nd Month  \$430.  Total additional for claims, time extensions and disclaimer fees  \$430.  * If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.  ** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.  *** If the entry in column 2 is less than the entry in column 4, write "0" in column 5.  A check in the amount of \$430.00 is attached.  Charge \$ to deposit account (A duplicate of this sheet is enclosed.)  Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this	Total Claims	16	Minus	* 20	0	\$ 9	\$ 18	\$ 0.00
Terminal Disclaimer Fees  Extension Fee ☐ 1 <sup>st</sup> Month ☐ 2 <sup>nd</sup> Month ☐ 3 <sup>rd</sup> Month \$430.  Total additional for claims, time extensions and disclaimer fees \$430.  * If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.  ** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.  *** If the entry in column 2 is less than the entry in column 4, write "0" in column 5.  ☐ A check in the amount of \$430.00 is attached.  ☐ Charge \$ to deposit account (A duplicate of this sheet is enclosed.)  ☐ Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this		3	Minus	** 3	0	\$ 44	\$ 88	\$ 0.00
Extension Fee	☐ First Presentation of a multiple dependent claim							
* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.  ** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.  *** If the entry in column 2 is less than the entry in column 4, write "O" in column 5.  A check in the amount of \$430.00 is attached.  Charge \$ to deposit account (A duplicate of this sheet is enclosed.)  Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this	☐ Terminal Disclaimer Fees							
* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.  ** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.  *** If the entry in column 2 is less than the entry in column 4, write "O" in column 5.  A check in the amount of \$430.00 is attached.  Charge \$ to deposit account (A duplicate of this sheet is enclosed.)  Please charge any additional fees or credit overpayment to Deposit Account 50-0534. A duplicate of this	Extension Fee		Month	□ 2 <sup>nd</sup> Month		☐ 3 <sup>rd</sup> Month		\$430.00
*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.  *** If the entry in column 2 is less than the entry in column 4, write "O" in column 5.  \[ \text{\t	Total additional for claims, time extensions and disclaimer fees							
sheet is enclosed.	** If the "highes  *** If the entry i  A check in to  Charge \$	st Number Previously n column 2 is less th he amount of \$430.0 to deposit account ge any additional fee	Paid For" an the entr of is attache	in this space is I y in column 4, w ed. A duplicate of th	ess than 3, vrite "O" in co	write "3" in this olumn 5. nclosed.)	s space.	of this

Respectfully Submitted,

Donald R. Boys Reg. No. 35,074

Central Coast Patent Agency P.O. Box 187 Aromas, CA 95004 (831) 726-1457



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 2645 Examiner: A. Hoosain

In Re:

Igor Neyman et al.

Case:

P3251

Serial No.: 08/928,861

08/928,861 09/12/1997

Filed: Subject:

Call Center Apparatus and Functionality in Telephony

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Response J